

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037003

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 2695

STATE FILE NUMBER

FILED SEP 25 1962

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

CLAYTON

Length of stay in lb

HRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONST. LOUIS COUNTY HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

ST. LOUIS

c. CITY

KIRKWOOD

Inside Limits

Yes ☒ No ☐

d. STREET

ST. AGNES HOME

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ArthurJ.Dorlac

4. DATE OF DEATH

Month

Day

Year

91662

5. SEX

MALE

6. COLOR OR RACE

WHITE7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

JULY 19, 1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY

MAINTENANCE

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

AUGUST DORLAC

13b. MOTHER'S MAIDEN NAME

ELIZABETH HOGENMILLER

14. NAME OF HUSBAND OR WIFE

SHREWSBURY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

TA CHARLES DORLAC 5011 WILSHUSEN AV.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, Lobar, Bilateral

INTERVAL BETWEEN ONSET AND DEATH

72 HRS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

Amputations, A-K, Bilat

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ASHD + Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-20-62 to 9-16-62 and last saw her/him alive on 9-16-62Death occurred at 11:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Louis A. Brady M.D.

22b. ADDRESS

601 So. Brentwood Clayton Mo.

22c. DATE SIGNED

9-16-62

23a. BURIAL, CREMATION, or REMOVAL (Specify)

BURIAL SEP. 19, 1962

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

23e. STATE

24. FUNERAL DIRECTOR

ADDRESS

M. J. CROGHAN, 1825 BIG BEND

25. DATE RECD. BY LOCAL REG.

9-17-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John M. Sizemore

Licensed Embalmer No. 2343

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.